THE
MEDICAL AND SURGICAL REPORTER.

No. 1052.] PHILADELPHIA, APRIL 28, 1877. [Vol. XXXVI.—No. 17.

ORIGINAL DEPARTMENT.

LECTURE.

ON COMPARATIVE ANATOMY.

BY HARRISON ALLEN, M. D.,

Professor of Comparative Anatomy in the University of Pennsylvania.

Condensed by C. C. VANDERBECK, M. D.

Professor Allen takes occasion to remark, at the opening of his course of lectures, that the student must not expect to hear lectures upon natural history, as generally given in colleges and scientific schools, but that he must be prepared to hear the science of anatomy taught.

It is not the object of the department of comparative anatomy to discuss the families, varieties, and habits of animals, but an auxiliary to students of medicine, to aid them in grasping grand principles that underlie the whole science of anatomy, to aid them in comprehending more clearly human anatomy, and to explain more intelligently the variations occurring in the frame of man. He does not claim to be a naturalist, but a physician, and approaches the study of comparative anatomy as a medical man. In other words, the study of man is the keystone of the whole course, reference being made to the lower creation only to illustrate and elucidate that which is found in the human body. This manner of examining the structures of man is far different, however, from that carried on by the general anatomist. The latter, as a rule, simply study structure, without any reference to great general laws exemplified in every portion of the body. Some of the generalizations of the comparative anatomist may not be practical, at least not to the extent that the utilitarian would desire, yet they cannot fail to be interesting, and to give a much broader and deeper insight into organic nature. Huxley, strange to say, is one of those who affirms that comparative anatomy is of no use to the medical student. He says he would ruthlessly elide it from the curriculum. What, says he, does the student need to know of the anatomy of star fishes and lobsters? Dr. Allen remarks that though Professor Huxley is medically educated, he evidently is without sympathy with medical science.

Professor Huxley's address at the opening of the Hopkins University declares that medicine is not a liberal profession. This explains, doubtless, the strictures with reference to science. Professor Allen contrasted with these the matured opinions of Billroth—himself a leader within the medical ranks—to the effect that comparative anatomy is of great use in giving breadth of view in making investigations in nature. He believes that interest in scientific culture is only acquired during student life, and the bud of scientific genius is often roughly nipped by the too early development of routine. The modern cry for practical knowledge, he continues, and so-called practical education, may, after all, be not without some attendant evils. It is scientific culture which tends to correct such. Professor Allen had no hesitation in declaring that medical students would find the judgment of Billroth more worthy of consideration than that of Huxley.

As referred to above, lower life can elucidate laws that govern or run throughout all animal creation. Moreover, how rude an idea, if only

that part of *human anatomy* were studied that is directly practical.

Professor Allen divides the subject into two parts, *primary* and *secondary* principles. The primary principles are ten in number; viz.—

1. Development depends upon division of functional labor.
2. Evolution, under which is placed Type, Reversion and Homology.
3. The principle of Symmetry.
4. The principle of Axial Segmentation.
5. The principle of Repetition.
6. The principle of Flexion and Extension.
7. The principle of the Spiral.
8. The principle of Gummation, *i. e*, budding.
9. The principle of Correlation.
10. The principle of Compensation.

The *secondary principles* include the rules governing each of the anatomical systems.

Illustrations of the Primary Principle.—Development depends upon division of functional labor, *i. e.*, the more organs introduced to divide the labor of the body, the higher the animal. This is the best basis for physiological classification. In the very lowest animal only one kind of tissue exists, and the being is almost structureless. Yet all the primary functions, digestion, circulation, respiration, reproduction, excretion, are performed by such an animal. There is no localization or specialization of function; every part of the tissue is capable of performing all the mentioned functions. The amœba, a kind of rhizopod, which in turn belongs to the protozoa division of animals, is a good example. Higher up the scale animals begin to form a skeleton, one of the first differentiation that occurs. An œsophagus appears for the first time in the infusoria, the highest of protozoa. In the low forms of radiates there is no anus proper, the one opening into the cup-shaped alimentary canal answering as both a mouth and an anus. In the higher radiates an independent opening exists for the anus; alimentation and respiration both are performed by one canal in certain molluscs, respiration being carried on in that part equivalent to the pharynx in higher animals. In the human fœtus the intestinal canal exists before the respiratory organs; these may be considered, then, branches of the alimentary canal. Circulation, respiration, and excretion are performed by one organ in some low animals, especially in the entozoa. Thus it is seen that a whole group of functions may be carried on by one system or structure, and that the difference between a high and a low animal is in the division of labor, the specialization or differentiation of structure. The liver of the human adult does two things—forms bile, and also sugar, and in the fœtus is also concerned in respiration. Therefore, if we could conceive of a being higher than man, we would probably have the functions of the liver separated. The wolfian bodies in the human fœtus represent, for the most part, both the internal and external organs of generation of the adult. This is only one of the many examples of division of functional labor in the developed body as compared with the fœtus. Another illustration of this first law may be thus condensed: A well-formed kidney does not appear below molluscs; it is absent in articulates below myriapoda. In the entozoa it is replaced by the water vascular system.

PRINCIPLE OF EVOLUTION.

1. *Types.*—Type, as defined by Professor Agassiz, Dr. Allen thinks is entirely metaphysical. Agassiz taught, it will be remembered, that each type was a divine thought, that each was due to an independent, separate, creative act. Professor Allen is inclined to believe that type is simply a term of convenience; that in reality there is no such thing as type; at any rate, not in the sense used by Agassiz and his followers. It is a convenient word, however, to use in speaking of certain more or less similar forms running through a series of animals. As he has frequent occasion to use the terms general and special type, it will be well to obtain a clear idea of the meaning of these words at the outset. A generalized type is a low form of life; there are few or no attempts at division of functional labor; the specialized type belongs to a higher form of life; specialization or division of function has been carried to a more or less degree of perfection. The first principle is seen, thus, to be the basis of determining whether any given animal is generalized or specialized. The special types are evolved from the general forms. As an illustration of this subject, fish may be mentioned as the most generalized vertebrate. This is told first by the skeleton. The degree of ossification differs throughout the vertebrated series, and is more complete the higher the scale is ascended. In every fish there is a considerable amount of cartilage, all through life.

In the amphyoxus the spinal column never becomes bony, but remains cartilaginous all lifetime.

The wolfian bodies probably remain in mature fish; a feature of fetal life of most vertebrates. Again, fish are aquatic, and the lowest class of animals of any grand division lives in this medium. Therefore all aquatic animals are more generalized than terrestrial animals. From a careful study of the structure and life history, we can quite easily determine, as a rule, the character of the type—whether high or low—of any class of animals. Specialization may be studied in a more restricted sense, as occurring within a given class. Fish, though the most generalized of all vertebrates, have some species that are specialized, addition or change of position of organs to suit particular habits of life. The flounder is flat, and has both eyes on the upper surface. The pike is a highly specialized fish. The coral fish has specialized teeth. The cod-fish is a more generalized form, and the amphyoxus is not only the lowest vertebrate, but the most generalized fish. This animal is double-pointed, lives in the sand, and was once thought to be a worm. No bone is found in it. The whole body is of the simplest character. No convolutions exist in the intestines, and there is no sacking for a stomach. All the functions of alimentation are done by this one tissue. The quadrupedal form of mammal is the generalized form. Man, when considered as a whole, is the most specialized mammal, but some particular parts or tissues are more general than the same structures in other mammals. The only mammal that flies is the bat, which is highly specialized for this function.

The teeth of the rodent are highly specialized, especially the incisors; they have no canine, therefore cannot tear. A specialized animal can do only a few things, but can do these few well. The human hand is generally spoken of as the most specialized structure of all animal creation, and the consideration of the hand, its mechanisms and vital endowments, as evincing design, formed one of the series of the Bridgewater treatises. The hand, however, is specialized in its myology, not in its form. The embryonic, therefore the generalized, number of digits, is five. This primal form is retained by man and the elephant; but the hog has only four, two of which are rudimental; the rhinoceros, three; the boa, two; and the horse but one, with concealed rudiments of second and fourth metatarsal bones. These animals, consequently, have a more specialized form of a hand, and a foot. In the opossum (itself five-fingered and toed) the muscles of the paw are generalized, being but one flexor muscle, with a rudiment of a superficial. In man the flexor divides into a superficial and deep, a division of functional labor occurs, the muscular system of the hand becomes specialized. Finally, the clavicle is not present in all animals, and its presence indicates a power to bring the tips of the extremities together, and is also indicative of a specialization. This bone is absent in ruminants, imperfect in carnivora, and some rodentia, but perfect in squirrels, etc.

Individuality bears a close relationship to the degree of development. If formulated, the law might be expressed, the higher the animal the more marked the individuality. In the same species, one fish cannot be told from another. The same remark is true of corals, and compound animals, such as tape-worm. This latter animal has no mouth, no tail; it is a colony of animals; each segment is an organism, and one mature segment cannot, physiologically, be distinguished from another. The individuality of higher animals is well known; it is seen among sheep, cattle, horses, but in greatest perfection among men. Again, wherever lack of individuality is seen, the risk of death is greatest, and consequently the number of ova and young produced are incomparably in excess of those possessing individuality. Glancing at the downward scale, we are powerful, resist death to a marked degree, but are comparatively few in number. Monkeys are fewer in number than other quadrupeds. Birds are few compared with fish, and so on down the scale. This is a wise law of nature, for those who resist death are not in so much danger of extinction, while those who die easily, or who are the prey of other animals, or whose eggs are destroyed in immense numbers, must produce innumerable eggs and young, in order to protect the species from utter extinction.

—The following formula is an agreeable one for the administration of chloral:—Finely-pounded sugar, 100 parts; chloral-hydrate, 5 parts; water, 15 parts. Dissolve the chloral in the water, and triturate with the sugar in a mortar. An aromatic flavor is obtained by the addition of the artificial essence of pine-apple, or the essence of peppermint.

COMMUNICATIONS.

SPINAL IRRITATION.

BY O. A. DEAN, M. D.

Read before the Quarterly Meeting of the Monroe County Medical Society, in Rochester, N. Y., February 20th, 1877.

Irritation of the spine was first brought prominently to the notice of the profession, by Dr. Teale, of London, about forty-five years since, whose work was followed about fifteen years later by the most important contribution to the subject which has appeared, by the brothers Griffin, who collected and tabulated quite a large number of cases. Latterly, unless my reading has been particularly unfortunate, it has hardly been prominent enough.

As would naturally be inferred, from the nature and extent of its seat, the symptoms to which it gives rise are scarcely less various and vague than those of hysteria, and it may, and probably often does, pass for that disease or neuralgia, in one or other of their forms. Spinal tenderness, pain, sharp or dull, constant or intermittent, cough, breathlessness, palpitation, headache, accompanied with debility and despondency, and often with a nameless "distress," constitute some of its symptoms.

I can do no better than to introduce here the table of the Griffin brothers, tabulated from 148 cases:—

REGION OF SPINAL TENDERNESS.	PROMINENT SYMPTOMS.
A. Cervical region—28 cases.	Headache, nausea, vomiting, face-ache, fits of insensibility, cough, pains in the upper extremities
	Nausea and vomiting in five cases; pains of stomach in two only.
B. Cervical and dorsal region—16 cases	In addition to the symptoms in group A, pain of stomach and sides, pyrosis, palpitation, oppression.
	Pain of stomach in 34 cases; nausea and vomiting in ten.
C. Dorsal region—23 cases.	Pain in the stomach and sides, cough, oppression, fits of syncope, hiccough, eructations.
	Pain in the stomach in almost all these cases; nausea or vomiting in only one
D. Dorsal and lumbar region—15 cases.	In addition to the symptoms in group C, pains in the abdomen, loins, hip, lower extremities, dysury and ischury.
	Nausea in only one case
E. Lumbar region—13 cases	Pains in the lower part of the abdomen, testes, or lower extremities, dysury, ischury, disposition to paralysis in lower extremities.
	Retching or spasm of the stomach in one case only.
F. All regions together—23 cases.	A combination of the foregoing groups of symptoms; one group changing into another, as the spinal tenderness becomes more marked in one region or another.

All or any of these symptoms, be it understood, appearing in connection with the tenderness, and usually being increased by pressure upon the spot.

In addition to the symptoms enumerated in the table, may be mentioned cases of prolonged muscular contraction, the extremities, especially the lower, being most frequently affected, but the muscles of the neck can claim no exemption.

In cases thus affected the contraction may continue for weeks, sometimes being relieved during sleep, at other times not.

I recall to mind a case in my practice, first diagnosed by another physician as chorea, to which opinion I subscribed, in which the fingers of one hand assumed much the position of the hand of the accoucheur for introduction into the vagina, though irregular, some of the fingers being bent backward. In that case there were few other symptoms of chorea, and the ordinary remedies for that disease were apparently useless for a long time, when the contraction ceased suddenly and permanently. I now think I might have relieved my patient much sooner had I added another string to my bow.

Again, there may be local spasm, not prolonged, with slight numbness, or disordered sensibility, though pronounced anæsthesia is not a symptom of simple irritation. In illustration of this, I may here introduce

CASE 1.—John B., aged 17 years; during the summer of 1876, sailing; called on me August 25th last. Had always been healthy and strong until the preceding winter, when he began to experience general malaise, he thinks, from continued watching with and lifting a sick man. He suffered from occasional cramp of the left arm, at which times it was drawn inward and backward, the spasm lasting only for a few moments, and being succeeded by a constant disagreeable sensation in the arm, as though partially asleep, and partially powerless. Had also oppression of breathing, vertigo, debility, and backache, and some pain in the hypochon-

driac regions. Appetite good, bowels regular. As he was about to sail I prescribed a mercurial cathartic, and a tonic.

December 23d. Returned much in the same condition as before, reporting that he was somewhat improved by the treatment while it lasted, but he had gone back, and now had, in addition to the above symptoms, some dimness of vision, amounting at times almost to blindness, general nervousness, sleeplessness, seminal emissions, and increased debility. Prescribed pil. phos, gr. one-fiftieth, thrice daily, and comp. heptandrin pil., one or two daily. Under this treatment, with the subsequent addition of a bitter tonic, his condition improved much in regard to the sleep, emissions, and appetite, but on January 23d reported still a good deal of pain in the sides, especially after sitting in school, headache, photophobia, and the same disagreeable sensation in arm. Pressure about the middle of the dorsal region of the spine gave pain in the sides, and a feeling of oppression of the chest. Applied cantharidal collodion over and around the point of tenderness, and gave tonic of cinchona, iron and strychnia. Four days later (27th), he reported that since the blister the pain in the sides had disappeared, the arm felt quite natural, and that there was scarcely any headache or photophobia. He has since reported himself as feeling quite well.

In illustration of some other phases of the disorder, and also of the obscurity of the symptoms, I produce

Case 2.—M. K., aged twenty-eight; laborer; large, robust, strong man; engaged last season as a coal trimmer. Consulted me January 1st, complaining of pain in the hypogastrium and testicles, backache, and some slight degree of debility, and said that if hard worked a cramp attacked him in the hip and thigh, attended with a feeling of numbness in the parts. Was first attacked in June last, after taking a cold. Called upon another physician, who thought he had come near rupturing himself, and advised a suspensory bandage; also gave him some treatment, but without effect. With the exception of the back and testicles, the patient considered himself perfectly well. Functions normal. Examination revealed tenderness over the lumbar region of the spine, pressure upon which gave pain in the hypogastrium and testicles. Applied a blister two and a half inches in diameter over the tender spot, and gave him only a cathartic.

January 27th. Returned, saying that for some days after the blister he had no pain, but then took cold, and has since been suffering from pain, not as before, in the hypogastrium and testicles, but through the abdomen, about on a level of the top, the ilii. Tenderness now over lower dorsal and upper lumbar regions, pressure causing aggravation of the pain. Another blister gave the same result as before.

Case 3 illustrates still other features. Miss D., age 18 years, tall, slim, and of nervous temperament; had remittent fever, from which she made a fair recovery until she was able to be about the house, but having the cares of a household she did too much, and began to suffer a constant dull headache and pain in the left eye, which at times became acute and so severe as to require anodynes in full doses for her relief. From my note-book I extract the following:—

December 21st.—Found the patient suffering greatly from pain in the sides and chest, and also all the limbs; cough; short and distressed breathing; respirations being from fifty to sixty per minute. Headache and pain in the eye severe; pulse 120; face pale. Has had fits of sneezing. Menstruation began scantily last night. To have—

℞. Dover's powder, grs.iij
Brom. pot., grs.xv. M.
Sig.—Every half-hour until relieved.

9.30 P. M., only partially relieved. Gave sulphuric ether, half a drachm, and pediluvium as hot as could be borne for twenty or thirty minutes, which gave her considerable comfort, and I ordered the Dover's powder to be taken as required, and in case of distressed breathing the ether to be repeated every half-hour until relief was obtained.

December 22d. Did not rest very well last night, having a good deal of pain, though she took the anodyne pretty freely. Awoke in the morning with the distressed breathing, which was again relieved by the ether.

As yet I had considered the symptoms as hysterical, and connected with the menstruation; but on the 24th, as they still continued, lighter in degree, though she had had a good flow, I examined the back and found tenderness over the upper dorsal region of the spine, pressure upon which gave pain in the chest and sides and affected the respiration. Applied strong tincture of iodine, which was discon-

tinued in a day or two, the patient protesting that its application gave her for some time afterward a peculiar thrilling sensation, which was insufferable. Therefore substituted for the iodine a blister about two and a half inches in diameter over the affected spot. On the following day the pain in the sides and chest and the distressed breathing had disappeared, the cough and headache were much relieved, and the pulse was 78.

I will not presume upon your time with further detailed description of this case, only remarking further, that the cough is chronic, without evidence of any lung affection. It began more than a year ago, when her endurance was overtaxed by the care of a sick mother. She has also had, for some years, a settled pain in the region of the right ovary and hip, which is connected with a spot of tenderness in the lumbar region of the spine, which her father says is hereditary.

Of the causes of spinal irritation little need be said. Hard work, mental or physical, grief, in short, anything which brings about depression of the general health, operating on a *nervous temperament*, may induce it, or it may follow a fall, or blow upon the back or a strain; and finally it is believed there may be a hereditary tendency to it.

The diagnosis in uncomplicated cases is usually not difficult. It may exist in conjunction with other forms of spinal disease, such as some degree of congestion, or inflammation, in which case the symptoms will be complicated. Some of its characteristics of diagnostic importance are:—

1. The pain or disorder being entirely disproportioned to the constitutional disturbance. In Case 2, as I have stated, the various functions of the body seemed to be normal, or nearly so.

2. The pain *usually* relieved by the recumbent posture, and being increased by lifting, or bending, or twisting the spine. To this Case 2 is an exception in one particular. The pain was often severe while the patient was lying, especially if he attempted to lie on his back.

3. The existence of tenderness at that particular part of the spine corresponding to the diseased organ, and increase of pain in the organ by pressure at the point of tenderness.

4. A disposition to sudden transferance of the pain from one organ to another, according as one part or another of the spine becomes the seat of the irritation.

5. Fits of yawning and sneezing, and a nervous cough.

In Case 3, the sneezing and cough seemed to alternate in a certain degree, *i. e.*, on some days the sneezing was more pronounced, on other days the cough was the most prominent.

Of these characteristics, the 1st and 3d enumerated may almost suffice to distinguish it from other forms of spinal disease, except strumous disease of the vertebræ, from which it may generally be differentiated by the facts—

1st. That strumous diseases usually occur before puberty. Irritation scarcely ever does.

2d. Strumous disease does not give rise to hysterical symptoms.

3d. Strumous disease affects the general health more profoundly, and stamps its impress more clearly.

4th. That in the later stages, when there may be some curvature of the spine in either case, in strumous disease the curvature is angular, involving only one or two vertebræ, while in irritation it is a rounded curvature, involving four or five vertebræ.

5th. The history may also assist in the diagnosis, as there is a hereditary disposition in both.

The prognosis is favorable with the proper treatment, even though the affection may have existed for years. And yet we are all aware that a purely functional affection may be the exciting cause of a truly organic disease, and we should not lose sight of the fact that the irritation of to-day may pass into congestion of to-morrow.

The treatment has been hinted at in the cases read. Rest, in some cases in the recumbent posture for a time, but in all cases to the extent of refraining from severe exertion or lifting, or, in short, from anything that produces fatigue. In Cases 1 and 2, no restriction was put except the latter, while in Case 3, the recumbent posture had to be insisted upon for some time. Tonics are always required, and in these should be included phosphorus, strychnia, and sometimes electricity.

A full diet should be prescribed, to which cod-liver oil may be added, with benefit.

Mr. Teale advised local depletion, by cupping; but Dr. Radcliffe, of London, thinks the existing condition is one of spinal anæmia, rather than congestion, and hence advises measures to induce a flow of blood to the parts, rather than extracting blood from them. He,

therefore, insists on the pretty free use of wine, or other stimulants, considering it an important part of treatment. This opinion would seem to be supported by the good effect of ether, as shown in Case 3.

The advantage of blisters is shown in each of my cases. They are to be repeated at intervals, following the points of irritation, while we build up the patient, overthrowing the affection from its base. In the meantime we should not neglect the use of anodynes when required.

Conscious of the defects and shortcomings in this paper, I still hope that it may sometimes do our patients good, by directing our minds to the existence and importance of spinal irritation.

DIPHTHERIA AND ITS MANAGEMENT.

BY B. R. HAMILTON, M. D.,

Of Nauvoo, Illinois.

The experience of American physicians is, I believe, that diphtheria is not in any way, after development, controlable by remedies—much less curable by them—whether they be local or constitutional, or both. I do not mean to say that they are useless, though in bad cases I have always found them so. Also, reference is here made only to cases wherein a *true* diagnosis has been made, not presuming to include non-specific cases of pharyngitis, etc., as is very often done.

During the past winter our county, as well as most portions of the West, has passed through a very fatal epidemic of the affection.

The death-rate immediately here, and as far as my own personal knowledge extends, has been, so far, from 65 to 70 per cent., many cases proving fatal from prostration and a form of progressive paralysis days and weeks after the throat affection was gone. Some cases also terminated suddenly and unexpectedly, from cardiac palsy.

A little boy of 8 years, in whom the patches were gone, and to all appearances the disease also, died on the twenty-fifth day, of this progressive palsy.

During his illness, and up to the twentieth day, he was around the house, with a good appetite, good color, and apparently good strength. General weakness and incontinence of urine were the first symptoms which developed to cause alarm. Then followed palsy of the muscles of deglutition, accompanied by profound prostration, and followed by cardiac paralysis, and death. The local trouble in this case had been well marked, though not excessive.

A girl of nine years, under my care, died on the nineteenth day, in which no alarming symptoms appeared until thirty-seven hours before death, when cold extremities, prostration, nearly extinct pulse, collapse really, developed and continued till death. A babe, 18 months old, that had suffered from an apparently very mild form of the disease, not having been at all much sick, and nursing heartily all the time, was noticed to walk with difficulty; in a short time, when held in its mother's arms, it was unable to hold up its head. Soon palsy of the throat developed; then death suddenly, from heart failure. This child looked the picture of health up to a short time before death, and it had nursed and taken nearly the amount of nourishment used before its sickness.

These few cases mentioned are but examples of many others that have been under my care or notice in consultation practice. The treatment pursued in diphtheritic cases here has been tonic, as quinine, iron, etc., with an early, continued, and forced administration of brandy and other stimulants, together with a free use of good food, and often a forced use of concentrated animal essences, milk, etc. To be sure, the termination of fatal cases of the disease points so directly to the need of stimulants in bad cases, before death, that the medical attendant will, as a rule, employ them; yet, when they are used in these alarming cases, for the apparent prostration, they are found to be useless and of no avail—and why?

My observation has led me to believe that paralysis, or loss of nervous vitality, generally irremediable, and not amenable to a successful treatment by stimulants proper, or any other remedies, is the fatal cause that so surely and suddenly sends its victims from the family circle, whilst the medical attendant stands by, a useless, helpless, overawed spectator. When to the cases as herein described are added those of the laryngeal form, as well as malignant ones, it is easily seen that the mortality must necessarily be large in rate. It may seem somewhat humiliating to the profession to have to acknowledge the helplessness of its members in the successful treatment of diphtheria, yet, in that affection, the disease is, in every way, complete and absolute master of the situation.

A loss of four cases out of six, treated in one family by myself, is no worse a showing than physicians here, and in other localities, are forced to acknowledge; while three cases of death out of three sick in one family is still worse. What, then, can be done in the way of medical treatment, to lead us to hope for success in diphtheria? It is all right to prescribe chlorate of potassæ, quinia, iron, stimulants, nourishment, etc., but still the mortality remains the same.

A careful and persistent local treatment with caustics and disinfectants yields no better results than the treatment with tonics, etc. A combination of both methods still leaves the same death-rate.

Prof. Oertel, in Ziemssen's Cyclopædia, taking the stand that the disease is first purely local, and due to micrococci which have attached themselves to the mucous membrane (generally over the tonsils), warns the practitioner against any interference with the false membrane, lest abrasions be produced through which the bacteria may gain admittance into the system. While not wishing to argue the question as to whether the disease is first local and afterward general, or first general and afterward local, I yet feel confident that Oertel's advice is of great importance, and that possibly many lives may be saved by heeding it.

In the case of a girl of ten years, I used locally, for five days, two or three times in twenty-four hours, a solution of muriatic acid and glycerine. The patches seemed to clean off every day or two, at once, however, throwing out another membrane as thick as the exfoliated one. After a mild cauterization, one morning, a small amount of blood was lost, from an abrasion made on one of the tonsils during the operation.

Inflammatory symptoms, with great swelling of the sub-maxillary glands, sick stomach, and prostration, at once set up, the case terminating fatally in forty-eight hours. The parents claimed that the dangerous and urgent symptoms so suddenly developed were due to the local applications made that morning, and they were content to allow two more children down with the disease, one of which afterward died, to be treated without the local use of caustics. I could but think that death in the case had been at least hastened by the abrasion made with the sponge. The inutility of local treatment in the disease becomes so self-evident to parents and friends, in families that are badly afflicted with it, as to cause them to make much opposition to the further use of such treatment, parents generally saying that it does no good, causes much unnecessary suffering, and that they would rather their children would die without being so punished.

Hospital Reports.

MEDICAL DEPARTMENT OF THE UNIVERSITY OF NEW YORK, APRIL 2d, 1877.

CLINIC OF ALFRED T. LOOMIS, M. D.,

Professor of Pathology and Practice of Medicine.

Reported for the MEDICAL AND SURGICAL REPORTER, by Dr. P. BRYNSBURG PORTER.

Pneumonic Phthisis.

After exhibiting some morbid specimens to the class (a cirrhotic liver and granular contracted kidneys), Dr. Loomis introduced a male patient, about thirty-three years of age, who stated that he had been sick since the 15th of January, when he caught a cold, which "settled all over him." Patients' ideas about taking cold, said Dr. Loomis, are very indefinite. When asked why he thought this was the case with him, he tells us that it was because he had a cough with expectoration; but we must remember that coughs do not always originate in "a cold." He says that he does not remember having chilly sensations, with sneezing, pains in the back and limbs, or soreness of the throat; but he thinks that he did have some pain in the chest. The first thing, then, that seems to have attracted his attention, was a cough, accompanied by expectoration, which continues up to the present time. About a month ago, he says, he began to have night-sweats, and that he had a cold at that time, which "went all through him." In explanation of the latter expression, he informs us that he had diarrhœa and various dyspeptic symptoms. Thus, you see, he is a little "mixed" in his use of terms; but this you will find by no means uncommon among patients and others. Not long since I was attending an infant who was quite ill, and just after one of my visits one of the servants of the family having occasion to go to the neighboring grocer's on an errand, was asked by him what the doctor thought of the baby, when she replied, "O, he says it has constipation of the brain."

Our patient says he is a grocer by occupation, and that he has been temperate for the last two years, though previously he was not. He has usually enjoyed good health, but eight or nine years ago he had a sore on his penis, which was followed by a suppurating bubo, which broke, and subsequently by an eruption of yellow spots

on the chest, which people told him was syphilis. It seems that his hair came out to a limited extent, but he had no sore throat, pains in his bones, or other indication of syphilis.

Three students were now called down, and on being asked by Prof. Loomis what they thought the diagnosis of the case was, they all agreed that it was chronic catarrhal pneumonia, or phthisis. The patient now being stripped, he continued:—"You will notice that the man is pale, but there is not much emaciation. There is not much to be learned from inspection in this case; but if you will watch carefully, you will see that there is rather less expansive motion on the right side than on the left. On placing your hands on his two shoulders, with the fingers in front, you will notice that vocal fremitus is increased on the right side and diminished on the left when he counts audibly. Percussion in front reveals marked dullness, approaching to flatness, at the right apex. The dullness extends nearly over the whole lung, though it is less and less marked as we descend from the apex, while on the left side there is exaggerated resonance. Behind, the same thing is true, though to a less degree.

Now, gentlemen, on auscultation what do you hear? You find that at the right apex the normal vesicular murmur is entirely absent, and that it is replaced by a blowing or tubular respiration, the sound being heard both in inspiration and expiration. The question is, whether this is bronchial or cavernous in character; is there a dilatation of the bronchia or a cavity present? It is important to decide this, on account of the prognosis, and especially as there is so extensive a portion of the lung involved, and hectic has now set in. (The three students being asked their opinion, the first said that he thought it was bronchial breathing; the second, that he did not know whether it was bronchial or cavernous, as he had never heard the latter, and the third, that he believed it to be cavernous, on account of the character of the voice sounds). The same voice sounds might be heard in bronchial dilatation, but after he coughs you will notice that there bursts up under the ear a number of metallic sounds or râles. This can also be heard when the ear is placed to the back of the chest. Furthermore, we find exaggerated bronchial whisper.

The pulse is somewhat accelerated, but the patient says that, as far as he knows, he never has any fever, though he feels chilly sometimes. The fact that he has night-sweats, however, shows that he must have fever at times. When these are present you will always find that some time in the day the temperature is raised. The chilly sensations also point toward fever.

There is one thing that is curious in this case, viz: that we have no straightforward history of any acute attack, not even any bronchitis or sore throat. From the extensive consolidation of the lung, and other signs here, I should certainly suppose there had been broncho-pneumonia originally. Now, on questioning him more minutely in reference to the commencement of his trouble, I find that he *does* at last distinctly recall the fact that he had at that time violent pain in the right side, accompanied by fever, and that he was unable to lie on that side.

This "missing link," then, makes the case quite clear; for the patient did not give the history of catarrhal phthisis at all, with symptoms antedating all trouble in the lung. He evidently started off with a pleuro-pneumonia at the right apex. Thickening of the pleura is plainly indicated by very great dullness on percussion, and remains of pleuritis can also be detected all over that side of the chest. Resolution did not take place, and then cheesy degeneration commenced, the latter having at length resulted in the formation of a cavity. The amphoric whisper, here noted, is entirely different from that heard in bronchial tubes; and then we have as proof of the existence of a cavity, the explosion of metallic sounds following coughing. From the evidences presented, therefore, I think we can say, unhesitatingly, that the patient has a cavity. The history of the case is clearly against a large bronchial dilatation. It takes six months or more to produce this, and our patient's pulmonary trouble only commenced two and a half months ago. I should judge that the pleurisy had been very extensive, and there was, no doubt, a large effusion. In consequence of the crippled condition of the right lung, the left one has been obliged to perform extra work, and as the result of this we notice exaggerated resonance on percussion, and exaggerated vesicular murmur on auscultation, all over its surface.

Hitherto there has not been much emaciation in this case; but it is evidently commencing. In catarrhal phthisis, as a rule, the process is a much longer one than this, and there are more indications of a failure of vitality present. The cheesy degeneration which is undoubtedly going on here, we are probably to attribute to the extent of lung-tissue involved.

You see, that while we have ascertained the fact that there is pulmonary consolidation, from which the formation of a cavity has resulted, we also reach the conclusion that this is in consequence of an active inflammatory process.

The prognosis is, therefore, much more favorable than it would otherwise have been. In such cases the process of fibrous induration is usually very rapid, and consequently we shall soon have a large amount of cicatricial tissue formed. The cavity will be lined with a pyogenic membrane, and a new condition brought about. If, in the meanwhile, therefore, we can only preserve the patient's strength and keep up his general health, he stands an excellent chance of getting well. If a post-mortem examination should be made in the case, say twenty years from now, we should find the upper part of the lung all shriveled up, with induration and old fibrous bands.

I should recommend him to seek some region of high altitude and pursue a life of regular

habits, with plenty of out-door exercise; and if this plan can be carried out, I think we can expect a recovery. The question of syphilis need not enter into our consideration of the case, as I am of the opinion that the man did not have the disease at all. The history he gives in this respect is lacking in many of the essential points of constitutional syphilis, and I should be inclined to regard the eruption of yellow spots of which he has spoken as simply a pityriasis, dependent on derangement of his digestive system.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

REPORTED BY FRANK WOODBURY, M. D.

A Conversational Meeting was held March 14 h. 1877, Professor H. H. Smith, President of the Society, in the chair.

The paper of the evening, on "Venous Congestion as a Pathological Condition, and Blood-letting in Relation Thereto,"* was read by Dr. George H. Hamilton, and a vote of thanks tendered the author.

Dr. Charles F. Wittig, by invitation from the chair, opened the discussion. He remarked that true congestion is always connected with a more or less excited nervous and vascular condition, and consequently cannot be a passive morbid process, the so-called passive cases representing a mere engorgement, or accumulation of blood in the attacked organ. Congestion is but seldom an independent affection, as it is generally connected with some systemic disease. It is present at the forming stage of measles, scarlatina and small-pox, and accompanies these exanthems through their various stages; in typhus it not unfrequently occurs, owing to the peculiar morbid processes going on in the abdomen, chest and head. Recovery from intermittent or remittent fever is not infrequently delayed by congestion of the liver and spleen, giving rise to engorgement and induration of the organ involved.

The causes of congestion being widely different, the treatment must, as a matter of course, correspondingly vary. In the febrile catarrhal affection of either the intestinal canal or the bronchi, accordingly, stimulants are to be avoided, until the irritated, congested condition of the mucous membrane has been relieved by appropriate remedies. Cerebral congestion occurring in small-pox, scarlatina or typhus, indicates stimulant pediluvia, sinapisms applied to the feet, cold local applications, with leeches, or cups, to the nape of the neck, or behind the ears. In a case of scarlatina, in an anæmic patient, the delirium was relieved by cold applications to the skull, while the patient was in a warm bath. Erysipelatous congestion of the subcutaneous capillaries is easily suppressed by the application of collodion, the ointment of nitrate of silver, or tincture of iodine, which, however, is contra-indicated when there is a deeper implication of the cellular tissue, or a threatened metastasis of the process to the brain.

As soon as congestion is associated with inflammation its treatment is entirely that of the latter, viz., antiphlogistic. In any severe case, in which an organ of great vital importance is attacked, such as inflammation of the brain, lungs, pleura, peritoneum, he had nearly always employed venesection successfully, after the failure of other means. In inflammation of lower grade, however, a milder method of treatment may be followed, arresting great nervous excitability by the use of sedatives and depressants, or by diluting the blood and promoting the secretions, and by striving to give more tone to the heart, and allaying vascular excitement.

Dr. Guitéras noticed that in the paper read there was no allusion to one of the most important, if not the most important cause of passive hyperæmia, namely, interference with the heart's action. The passive engorgements of heart disease are, perhaps, the only forms of venous congestion where venesection may be employed, more particularly so if there is threatening œdema of the lungs. The new school of pathology to which the lecturer alluded had found that venous congestion in fever is due simply to failure of the heart's action, from degeneration of cardiac muscular fibres, evidenced by enfeebled impulse and disappearance of the first sound. Subsequent to this the congestion shows itself, and here venesection would be fatal. For this condition there is but one remedy, digitalis, given in full doses, even hypodermically. Under this treatment he had repeatedly seen a failing heart improve. In conjunction with this, quinine and alcohol would be appropriate adjuvants.

The immediate danger in these cases demands prompt treatment, and he believes he has saved life by the hypodermic use of digitaline, one-sixtieth, one-fiftieth, and even one-twentieth of a grain; he had also used the tincture without producing abscess.

It had been said that nature points out the treatment, and that we should imitate the critical hemorrhages by bleeding. But he had never seen critical hemorrhages relieve the passive congestions that threaten life in fevers of a grave character. The *active* hyperæmia of milder fevers is sometimes relieved by critical discharges. The venous engorgement in valvular heart disease is also relieved by epistaxis, or hemorrhoidal bleeding.

In regard to the sudden deaths in the early stages of some diseases, there does not seem to exist evidence to prove that a passive congestion is the cause of death; it does not seem probable that removal of blood would do good, and it is very certain that all treatment is useless.

* See page 347.

When he heard the title of the paper of the evening, it suggested some curious cases of local or unilateral congestions, due to nerve influence. In a case of a dyspeptic, thirty years old, who, immediately after eating a hearty meal, went out into the cold to chop ice, a sudden swelling of the entire right side took place, owing to congestion and rapid serous infiltration of cellular tissue; there were pain and numbness, but no paralysis, and it was followed by complete recovery in two or three days. About ten days later he presented an acute hydrocele of the same side, which has become chronic.

In cases of hemiplegia he had seen congestion of one lung to occur, and had witnessed a sudden effusion into one pleural cavity. In a case now under observation, of a man over fifty years old, with decided atheroma, there had been a slight cerebral hemorrhage, accompanied with vertigo, vomiting, and permanent paralysis of one auditory nerve. The first symptoms have never returned; there is no hemiplegia now, yet if the patient gets a cold, as he expresses it, he only catches it on the one side; he feels chilly in that side; the nasal mucous membrane of that side becomes affected, and he has once had a sudden swelling of the arm of the same side, lasting less than one hour, and occurring on coming out into the cold air.

Dr. Hamilton thought that the cases referred to by the last speaker differed essentially from those in the paper he had read. In the first case mentioned, it would be remembered that there was no fever, and no heart disease, but there were symptoms of suffocation, rapid breathing and weak pulse. When a chill occurs there is strong venous congestion, and with the reaction arterial excitement begins.

He mentioned a case of small-pox that he sent to Dr. Welch, at the Municipal Hospital, where death occurred on the second day of the disease, attributable solely, in his opinion, to venous congestion.

Dr. Wm. Welch could not recollect the case Dr. Hamilton referred to, but had seen a number of fatal cases in the first two days of an attack of variola, where death occurred from the violence of the disease and not from venous congestion.

Dr. Wm. T. Taylor had noticed that since bleeding has become unfashionable, the rate of mortality in pneumonia has decidedly increased.

Dr. Guiteras, in answer to a question as to what constituted full doses of digitalis, said that he had exhibited from half a drachm to a drachm of the tincture, given by the mouth every two hours; the first doses may be even as much as a tablespoonful, or one or two syringefuls hypodermically. He desired to call especial attention to the fact that the congestion at the beginning of acute pneumonia is not a passive, but an active form of congestion; and a knowledge of this fact should govern the treatment. Depletion might be advantageous in the beginning of pulmonary inflammation.

In reply to the remark that in some cases of acute inflammation degeneration of the muscles had not time to take place, he stated that in a case of puerperal fever, where death occurred on the third day of the disease, he had found, by microscopic examination, complete granular degeneration, not only of the heart fibres, but also of voluntary muscles, such as the psoas, and it is probable that this degeneration may take place even more rapidly. In such a case as this, it is easily seen how passive congestions would occur from the weakened heart being unable to propel the current of blood; and it is just as evident that such congestions would require heart tonics, and not further reduction of the system by bleeding and antiphlogistic regimen.

Editorial Department.

Periscope.

The Value of Alcohol in Incipient Mental Disease.

It is well to give the devil his due, and this Dr. J. C. Bucknill, F.R.S., late Lord Chancellor's Visitor, does as follows, in the British *Medical Journal*, from an address before the Medico-Psychological Association :—

I may venture to indicate what I think to be a real aspect of drink in relation to insanity, namely, the causal re ation between the occasional use of alcohol, and the prevention or postponement of mental disease.

With men of such wide experience as my present audience, a few considerations will probably suffice to gain me many suffrages in favor of this novel and, I fear, startling proposition; but let us bear in mind many of the commoner moral and physical causes of insanity, the prevailing bodily conditions of the incipient disease, and the necessities of the treatment, and we must, I think, see and admit that this stimulant-narcotic, in such general use, must have a vast and varying influence upon the organisms of men, which is not likely to be invariably pernicious, and which may well be sometimes beneficial and conservative of the mental health.

Consider the great part which grief and anxiety, worry and overstrain, play in the production of insanity, the depressing effects of

poverty, and the failing struggle for existence, of misery in all its forms, and then consider to how great an extent the use of alcohol oftentimes tends to make the burden of life bearable, if not by stimulating the powers, at least by deadening the sensibilities of men; and I think you will agree with me that, by the occasional help of strong drink, a man may sometimes be able to weather that point of wretchedness upon which his sanity would otherwise have been wrecked. The observation of life forbids us to doubt that "wine, which cheereth God and man," according to Holy Writ, doth sometimes blunt the keen edge of misery, so that the wretch is not "cut to the brain," like King Lear. Alcohol, in its physiological action, is *atriptic*, retarding the disintegration of the tissues, especially of the nerve tissue; and, when the brain is wearing itself into madness, alcohol, at the right time and in the right dose, does, without doubt, sometimes check the ebb-tide of reason. Perhaps, a few timely doses of opium might have the same or a better result, if the people of this country were in the habit of resorting to opium to dull their misery and assuage their pain; and in China, opium, although the source of infinite mischief, is also, no doubt, a precious boon to the miserable who may use it aright, either by happy chance or wise direction.

Alcohol, moreover, is not only a narcotic, which may "knit up the raveled sleeve of care;" it is also, according to Anstie, Lauder Brunton, and all good authorities, a food, and as such it plays an important part in the therapeutics of insanity. I have myself no doubt that a moderate use of fermented drink is useful in the treatment of mental disease, not only that a cure, when possible, may be attained *cito, certo, et jucundè*, but that, in incurable cases, the bodily health may be improved, and the mental misery alleviated.

Relief of Pain in Uterine Cancer.

Dr. A. E. Aust-Lawrence, Physician to the Bristol General Hospital, writes to the *Medical Times and Gazette*, March 24th—

I have, unfortunately, generally under my care in hospital and private practice, about from twenty to thirty cases of cancer of the uterus, vagina, or rectum; and the experience of the past twelve months has led me to rely, to a great extent, on the following treatment for the relief of pain:—In cases of medullary cancer of the uterus, and also of advanced epithelioma in the same region, I have been struck with the marked relief often derived from the administration of ergot, in doses of thirty minims every six hours. There is a relief from the intense throbbing which, as a rule, only subsides with each attack of hemorrhage, which, of course, brings with it great exhaustion. I consider the ergot acts in the ordinary way, by lessening the amount of blood in the uterus; and it may also check, to a slight extent, the rapid breaking down of the affected part. A case of medullary cancer in a young woman, thirty-one years of age, was rendered very much less painful by ergot than by any other remedy which was tried. I have a case now under my care, of sarcoma of the uterus, the pain of which is very much relieved by full doses of ergot.

Another drug I have found of great value is croton-chloral hydrate. This, in my experience, has not very much power to lessen the pain at the seat of the cancer, but it is very valuable in lessening the reflected pains in the back, thighs, and groins; and this it has done in several of my cases to a very marked degree. As a local remedy I have found carbolic acid very valuable. I apply it, full strength, by means of a little piece of cotton-wool, through a very small speculum, to the cancerous surface, and then order a lotion with one drachm of the glycerini acidi carbolici to half a pint of water, to be used as an injection night and morning. I have found this drug, used in the way I mention, of great value.

Of course, other drugs suggest themselves to every one, such as opium, Indian hemp, bromide of potassium, etc.; but what I wished to show is that ergot is a very valuable agent in helping to control pain in these cases; that locally I have had better results from carbolic acid than from anything else. I might also add that a very valuable way of relieving pain in these cases is by small blisters in the groins, dressed with an ointment containing morphia.

The Transmission of Sensation.

Our readers are probably aware that Dr. Brown-Séquard denies the doctrine, so long current, that sensitive impressions are conveyed from the right side of the body, so as to pass to the left side of the spinal cord and to go to the brain along that left side. His reasons for renouncing this theory are thus given in a recent lecture:—

On what ground am I entitled to say that each half of the spinal cord receives conductors from the two sides of the body? On this: I had already, in a number of experiments years ago, found some anomalies in appearance refractory to what I tried to establish. I divided, as I thought, one lateral half of the spinal cord, and still sensibility appeared not to be destroyed on the opposite side of the body. If I made a dissection of the animal, then, I generally found that a small amount of the gray matter of the cord had been left, and I concluded that, through a number of conductors left in that remaining small part of gray matter, the transmission of sensitive impressions was able to continue. And as, when you divide the posterior column on one side—and you do that when you divide half of the cord—there is a cause of a great increase of sensibility in the paralyzed parts of the body, it seemed to me that the sensibility had remained and seemed to be great, when in reality it was exceedingly small, being, through that cause of increase,

apparently tenfold what in reality it was. And that shows that unfortunately when we are bent upon a view, with the desire of establishing it, we may go much beyond what is really taught by facts, and sometimes beyond what is rational. I certainly, then, committed a mistake, and I am very glad to say, frankly and openly, to what extent I made it.

There is another reason to show that one lateral half of the cord is sufficient to convey impressions coming from the two sides of the body. When I say another reason, I mean the same fact, but observed in man. There are cases in which, notwithstanding an alteration of a great part of a lateral half of the cord, no anæsthesia took place. There are cases—I mentioned some such in the last lecture—of destruction of one of the lateral halves of the medulla oblongata, and in which anæsthesia was caused, not on the opposite side, but on the corresponding side. And as we cannot admit that in some men there is a decussation of the conductors of sensitive impressions, and in others not—as we cannot admit the existence of such a monstrosity—we must consider these facts as quite decisive in showing that it is not through an alteration of conductors, but owing to some other cause, that anæsthesia appears either on the opposite side or on the same side of a lesion in the cord or the medulla oblongata.

Salicylate of Iron as an External Dressing.

In the Edinburgh *Medical Journal*, of February, Mr. R. Kirk, House Surgeon to the Edinburgh Royal Infirmary, writes:—

Salicylic acid and its compounds have been used, for some considerable time, as antipyretics and antiseptics, and as such have fulfilled very satisfactorily what was demanded of them; but still they had the disadvantage, shared also by carbolic acid, of being in no way astringent, and, therefore, of allowing free capillary bleeding after operation, unless pressure was employed. An astringent antiseptic seemed, therefore, to be desirable, and after experiments with a number of salts trial was made of the salicylate of iron, which seems to have both actions in an almost equal degree.

By adding salicylate of soda to a saturated solution of sulphate of iron, a double decomposition takes place, and sulphate of soda and salicylate of iron are obtained in solution, from which the latter may be easily separated by crystallization.

This is, however, quite unnecessary, as the solution just mentioned is a most convenient form for application, and one which can be prepared in a few moments. Of a bright claret color, with no smell, and with hardly any irritant properties, even when used in strong solutions, it is not so repulsive as some of the more generally used disinfectants and antiseptics. Its antiseptic properties are most easily demonstrated, for urine containing but a small quantity of this salt in solution will remain long free from bacteria when exposed to the same influences as those which are conducive to the life of bacteria generally.

The cases to which this salt has been applied have generally been open sores, often with more or less unhealthy action going on, but in each the progress toward recovery has been very rapid after the first few days. As an illustrative case, I may be allowed to give the following:—

Sarah W., age 67, was admitted into Ward 1, Royal Infirmary, under the care of Mr. Joseph Bell, on October 31st, suffering from two varicose ulcers on the right leg. The larger ulcer, about the size of half-a-crown, was situated midway between the ankle and knee, on the inner side of the limb; and the smaller, the size of a florin, was about two inches lower. The surrounding parts were inflamed, while the ulcers themselves were devoid of granulations, and painful. Rest was at once enjoined, and black wash was employed until the end of November, when the salicylate of iron was employed instead. The ulcers were then as large as florins, and still were almost free from granulations. For the first three days after the solution was employed, there was but little evident progress made, as far as the size of the sores was concerned; but the surfaces became more healthy, granulations formed, and the edges became softer. Cicatrization now followed rapidly, and cure.

The Use of the Sphygmograph in Diagnosing Aneurisms.

At a recent meeting of the Clinical Society of London, Dr. Mahomed exhibited tracings taken from a patient upon whom he had lately proposed to operate, and whose heart and aorta were exhibited to the Society, in which, by the sphygmograph alone, he had diagnosed an aneurism implicating the innominate, and extending into the transverse arch, and in which was found a small aneurismal dilatation of the commencement of the innominate, which was also pressed upon by the chief aneurism situated on the anterior wall of the transverse part of the arch. He also showed tracings from another case, in which an aneurismal dilatation of the aorta before the innominate, and an aneurism beyond that vessel were diagnosed by means of the sphygmograph; and also from one in which a diseased ascending arch, and an aneurism of the transverse arch which just included the commencement of the innominate (the vessel itself being unaffected) were found after death. Dr. Mahomed stated that the signs of aneurism observed in a sphygmographic tracing were: 1. Diminution in volume of the pulse-wave. 2. A sloping up-stroke. 3. Impairment or annihilation of the percussion element. 4. Partial or complete obliteration of the dicrotic and other secondary waves. 5. General diminution, but sometimes increase, of the amount of pressure required to develop the tracing If all or some of these characters were found in the pulse on the right side, and not on the left, the aneurism was of the innominate; if in

the right, and partly in the left side, it was of the innominate and transverse arch; if in the left only, it was of the transverse arch or root of the subclavian; if the signs were only partially present, and equal on both sides, it was an aneurism of the ascending arch; if all were strongly marked, and only on one side, it was probably directly in the course of the subclavian artery, and would not be found involving the aorta.

On Melanuria.

Some researches on this subject have recently been made by Drs. Ganghofner and Pribram, adverted to in the *Lancet*, March 10th. They found that the proportion of coloring matter was inversely as the quantity of urine eliminated in the twenty-four hours, and, therefore, directly as its density; but no relation could be made out with the temperature of the body, rapidity of respiration, or amount of alvine evacuation, etc. Analysis showed an increase, above the normal, in the quantity of indican contained in the urine; but the dark color of the urine is due, not to this substance, but to melanin, which, unlike indican, is precipitated by acetate of lead. Melanin is a peculiar pathological product, analogous to the melanotic pigment of the tumors, and not due to deranged hepatic function. At least, these writers say that, in observations of various instances of hepatic disease, other than melanosis—observations extending over a period of ten years—they have not met with this peculiar pigment in the urine. They signalize also the curious fact that the coloring matter may become diminished in quantity, and even disappear from the urine, during the progress of the melanosis.

Shall we Use Cold or Warm Water Dressings?

This point is discussed by Professor Hebra, in a lecture translated in the London *Medical Record*. He believes that temperature between say 10° and 105° makes little difference. Cold compresses act in precisely the same way as warm upon an inflamed skin. If erysipelas, or boils, or carbuncles, or any other inflammation be treated with hot or cold applications, even with hot poultices or bladders of ice, the course of the disease remains the same; it is neither hindered by cold nor hastened by warmth. The controversy, which method of treatment is the best? will never be decided, because each observer depends on his own experience, which generally applies only to one or the other method, while he regards the opposite as dangerous—"*und darum perhorreszirt.*" But I have often made experiments with both plans of treatment. I have treated boils and carbuncles with ice-bladders at 19° Cent. (66.2 Fahr.), and with poultices at 50° Cent. (140 Fahr.), with precisely the same results; so that at present I am entirely guided by the feelings of the patient in the matter. One is fond of warmth, while another cannot bear it, and is sure that he will be relieved by a cold application. We must therefore accede to the wishes of our patients, with the conviction that in neither case will any harm be done.

What I have said of water-dressings applies equally to hydropathic packing. Whether the sheet be dipped in cold or in warm water, the amount of irritation of the skin depends on the time of the application, and on the degree of sweating it produces; and when there is much sweating, sudamina follow.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Dr. Hammond has in preparation—"On the Influence of the Maternal Mind over the Offspring During Pregnancy and Lactation." By William A. Hammond, M. D., Professor of Diseases of the Mind and Nervous System in the Medical Department of the University of the City of New York.

In this work the author discusses the influence exerted by the mother, during pregnancy and lactation, on the physical, moral and mental characteristics of her offspring. A notable feature is the section devoted to the consideration of the many points relating to anti-natal education, for Dr. Hammond believes, and facts appear to warrant the conviction, that it is before birth that the training of the child should begin.

——Dr. Mary Putnam Jacobi's new work on "The Question of Rest for Women During the Period of Menstruation," is nearly ready. It will be illustrated with fifty sphygmographic traces, showing the variations in arterial tension, and will contain the results of 250 urea analyses of urine.

——*Littell's Living Age*, always good in its historical and scientific reviews, has, at this time, an especial attraction, in McDonald's "Marquis of Lossie."

——*Scribner's Monthly*, of March and April, is full of interest. "Farmer Basset's Romance" closes with a touch of nature such as few can give as truly as Saxe Holm. Dr. Holland's "Nicholas Minturn" increases in interest. Good, however, as the serial stories are, they are quite equaled in interest by the descriptive and scientific.

——*American Agriculturist*. Regular and welcome. Just the thing for every country physician.

THE

Medical & Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M. D., EDITOR.

The terms of subscription to the serial publications of this office are as follows, payable in advance:—

Med. and Surg. Reporter (weekly), a year,	$5.00
Half-Yearly Compendium of Med. Science,	2.50
Reporter and Compendium, - - -	7.00
Physician's Daily Pocket Record, - -	1.50
Reporter and Pocket Record, - - -	6.25
Reporter, Comp. and Pocket Record, - -	8.25

For advertising terms address the office.

Marriages, Deaths, and Personals are inserted free of charge.

All letters should be addressed, and all checks and postal orders be drawn to order of

D. G. BRINTON, M. D.,
115 South Seventh Street,
PHILADELPHIA, PA.

SHALL WE DECEIVE ABOUT THE PUBLIC HEALTH?

A question in casuistry not unfrequently presents itself to the physician whose position connects him with the care of the public health. It is this—when a dangerous epidemic disease is prevailing in the community, is it better for the actual nature of the disease to be concealed and the number of deaths from it to be fraudulently stated, or not?

In a general way, this involves one of the nicest points in casuistry, one which has been very earnestly discussed, to wit, is it morally right, under certain circumstances, to tell a lie? Because—there is no use mincing terms—such concealment, such prevarication, such fraudulent reports, are downright lies, neither more nor less.

For example, there were last fall a number of yellow fever cases in Baltimore. They were so reported by the attending physicians, and not a competent observer in the city had any doubt of the fact. But the Health Board states publicly that they were simply typho-malarial cases, and entered the deaths under that head, positively denying that there was any yellow fever in the city.

The opinions on this action may be, with all fairness, quite diverse. The editor of the Baltimore *Physician and Surgeon*, who saw a number of cases, and was perfectly convinced they were yellow fever, and reported them as such, gives his views, as follows, on the action of the Health Commissioner:—

"We decidedly think that, in view of all circumstances, the universal terror and consternation which the official announcement of the presence of yellow fever in our midst would have produced, and the immense injury to the commerce of Baltimore such an announcement would have wrought, he was perfectly justifiable, *at that time*, in asserting that the disease was not yellow fever. It must be borne in mind that the fever was limited to a small section of the city, comprising only a few blocks, and in a neighborhood which no visitor or stranger in Baltimore would ever think of visiting; and, therefore, even admitting the disease to be contagious (which is positively denied by those best qualified to express an opinion), there would not be the slightest danger to any one visiting the city either for business or pleasure. It should be remembered, too, that the most energetic measures were adopted to stamp out the plague. Persons were warned away from the infected locality; nearly every case was removed from the city as soon as discovered, with every member of the family or dweller in the house; the most thorough cleansing and disinfection of houses, yards and streets was resorted to, and all furniture supposed to be infected was taken out and burned, at the city's expense. It was scarcely possible, therefore, that any injury could result to any one anywhere, by concealing the true nature of the disease, while very great injury would inevitably have resulted to a large number of people, and even the number of deaths been greatly increased, by publishing it; for it is well known that in every epidemic of this character fear kills almost as many as are destroyed by infection. For these reasons, therefore, we think Dr. Steuart was perfectly

justifiable in assuring the public, both in and out of the city, that the disease was not yellow fever, etc."

In other words, this was a case where it was right to lie.

That there are such cases, most writers on ethics admit. Archbishop Whately quotes the instance of the wife of Grotius, who, when the Spanish soldiery were seeking with intent to murder him, denied that he was in a chest where, in fact, she knew he was concealed. John Henry Newman goes so far as to defend the opinion that a lie, on some occasions, conveys a more correct idea than would the truth itself, as in explaining matters beyond their comprehension to children. So, in war, deception and falsehood are absolutely necessary to carry on successfully murder by wholesale.

But in regard to making death returns, we avow the opinion that a lie is out of place; that it is neither right, nor yet expedient. For instance, will the slightest credit be attached to Baltimore's health returns next summer, should an epidemic break out? Even if the Board tries to tell the exact truth, will it be believed? Not at all. Having forfeited its reputation for veracity, no dependence will be placed upon it in future. The grossest exaggerations will be credited, and tenfold more damage may thus be done than could have happened last fall by taking the plain and honest course.

It is, in our opinion, a most narrow, ill-advised, and short-sighted policy, to conceal from the public the prevalence and character of epidemic diseases. It prevents proper precautions; it shakes confidence in medical men; it casts discredit on the profession. The local and ephemeral advantage gained by fraudulent representation is forfeited, over and over again, by the ultimate and general bad results. The lie of the wife of Grotius has done more injury, by serving as a pretext for falsehoods, than the preserving the life of her husband did good. So it always is. Never has a falsehood proved of ultimate advantage. "It is not, and it cannot come to, good." We like better what Dr. James Holt, Sanitary Inspector of New Orleans, says:—

"A frank expression of truth should always predominate over every influence, from whatever quarter it may be brought to bear. This will establish a perfect reliance in our statements, at home and abroad."

Notes and Comments.

Jaundice from Pork and Beans.

A severe epidemic of jaundice broke out in a portion of the German army a few years ago. The staff surgeon, Dr. Köhnhorn, proved that the cause of the epidemic was a preponderance, in the rations of the affected regiment, of pork and dried peas and beans; and also that the number of cases in the battalions attacked was directly proportional to the quantity of these articles of food supplied to the men.

A cavalry regiment of 1240 men, which was able to obtain occasional supplies of fresh vegetables and potatoes, and especially salad made with dandelion (*Leontodon taraxacum*), had not a single man on the sick-list from jaundice. Dr. Köhnhorn mentions other instances of similar epidemics, and his paper is well worth the perusal of military surgeons. It is found in the *Berliner Klin. Wochenschrift*, Feb. 1877.

Physical Geography in Relation to Sanitary Science.

Mr. Alfred Haviland, M. R. C. S., read, at a meeting of the London Social Science Association, an interesting paper on "Physical Geography in relation to Sanitary Science, and the Valley System in relation to Disease." He observed that in inhabited valleys there was often to be found much rheumatism, which frequently ended in heart disease. The cause of that was that valleys did not get sufficient fresh air, which was so important for vigorous life. The winds blew over them, not through them; and consequently emanations from the soil hung about, instead of being dispersed. As a rule, the cottages of the poor and the mansions of the rich were found in the trough of valleys, and it was impossible to calculate how many an old family had been deprived of the most promising of their scions by adhesion to an ill-sited family mansion as a home. A discussion followed, in which Dr. B. W. Richardson took

part, testifying to the great value to medical men of Mr. Haviland's maps, as they enabled them to learn whether the disease was the effect of meteorological influences. He thought that at least twenty-five or thirty distinct diseases might be traced to that source; and among them he would place croup, influenza, erysipelas, scrofula, remittent fever, rheumatism, phthisis, bronchitis, pleurisy, lung diseases, fistula, calculus, and possibly some malformations. That is a serious list, and the subject deserves much consideration.

Foolish Modes of Salutation.

The various forms of greeting by bodily contact, such as shaking hands, kissing, and rubbing noses, all equally absurd, are also all to be condemned by the hygienist. Mr. Gibbons, in a lecture delivered before the Australian Health Society, points out the danger that is often incurred by the general practice of kissing children by all persons who come in contact with them. In this way, he says, diphtheria, scarlatina, and other diseases are often conveyed. We may add that adults occasionally contract syphilis from kissing. Hand-shaking conveys itch and the like. Such senseless modes of salutation are probably survivals of a primitive barbarism or brute ancestry.

Substitute for Quinine.

Dr. P. H. Bailhache writes us:—

In view of the extraordinary increase of the market price of quiniæ sulph., I would call the attention of the profession to a very simple but very effective substitute for the cinchona alkaloids, so far as the same are applicable to the arrest of fevers of a simple character (quotidian, tertian, and quartan agues). I refer to ipecacuanhæ pulvis, in one-grain doses, given three or four times a day. It should be taken in pill form, as more agreeable to the stomach.

Increase of Parasites in Paris.

From the late investigations of Professors Lasegue and Regnauld, on the consumption of medicines in the Paris hospitals, it appears that the marked increase of *tæniafuges* corroborates the fact clinically observed for some time past, that the prevalence of tænia has greatly increased in Paris. Comparing the five years which preceded and the five years which followed 1870, the consumption of *kousso* increased from four to five kilos.; of *pumpkin seeds*, from three to five and a half kilos.; of *pomegranate bark*, from thirteen to fourteen kilos.; and of *male fern* from five to twelve kilos. From the doses having continued much the same, it may be concluded that the number of patients treated for tænia in the Paris hospitals has doubled within the last five or six years. Other anthelmintics employed for the treatment of ascarides, lumbrici, etc., have continued stationary in the amounts consumed.

Correspondence.

CLIMATE AND TRAVEL IN THE TREATMENT AND CURE OF CONSUMPTION.

By an Invalid Physician.

No. XIII—CLIMATIC CALIFORNIA.

(*Continued from No.* 1051.)

Ed. Med. and Surg. Reporter:—

Nearly due east from Los Angeles, distance fifty-six miles, fare by rail $3.00, we come to Colton. This is the station for the town of San Bernardino, which is in a valley three miles to the northeast, and for Riverside, a new and flourishing town six miles to the southwest. Between Riverside and the sea a range of mountains, the Temescal, intervene. On the eastern slope of these mountains are some pleasant resorts where there are hot springs. The plain between the San Bernardino and Temescal ranges of mountains is exceedingly healthy, and abounds in game. Partridges particularly flock by the hundred. All this country is fit for grazing and fruit producing, but irrigation is necessary to call forth the nourishment of the soil. The town of San Bernardino is a sleepy, dead-and-alive kind of place, founded by the Mormons. It lacks a good hotel, and intermittent fever is said to flourish there in the fall. I would not recommend it as a residence for the consumptive, as it is in the bottom of a valley, with water-saturated land around. On all sides arise the mountains, and after once being in, you wonder where you entered the valley. On the flank of Mount San Bernardino, 1800 feet above sea-level, I spent pleasantly a number of days. The only trouble is, the walks are too hilly for the invalid to get enough tramping space. There are a number of hot springs here, whose temperature varies from 108 to 172° Fahr. The hot waters are pure and calcic, with traces of aluminia, iron, and phosphorus. Several "resorts" are advertised at these springs, but the invalid had better try them before engaging a season's board. A gentleman who had been spending a portion of the winter on the mountain furnished

me with the following temperatures he had taken :—

Slope of San Bernardino Range, at Waterman's Hot Springs. Facing South and West. Elevation 1800 *feet.*

1877.	6½ A. M.	NOON.	8 P. M.
Jan. 19th.	44°	62°	52°
" 20th..	48	68	47
" 21st..	46	63	50
" 22d.	46	64	54
" 23d..	52	60	65
" 24th..	52	62	51
" 25th..	47	56	67
" 26th..	52	70	56
" 27th..	53	70	54
" 28th..	50	54	52
" 29th..	50	65	54
" 30th..	47	67	56
" 31st..	51	68	60
Feb. 1st...	54	76	61
" 2d...	56	76	69
" 3d	62	74	65
" 4th..	65	70	72
" 5th..	53	65	67
" 6th..	54	71	50
" 7th..	50	71	60
" 8th..	56	70	60
" 9th..	51	75	54
" 10th.	50	64	52
" 11th.	48	67	57
" 12th.	53	70	50
" 13th.	46	70	55

On only one of these days was there rain, January 16th. This table forms a marked contrast to one which I shall give in a future letter, for the same season, in the Adirondack Mountains in New York; and yet at the latter place a little colony of consumptives were passing the winter with marked benefit. Both the California and New York ranges of mountains have the common element of dryness—one dry cold, and the other dry heat. The more I see of climate, the more I am convinced that dryness of atmosphere is an aid, and dampness an obstacle, to the out-door treatment of lung affections. In the neighborhood of Fort Yuma rain may be considered a curiosity, the average yearly rainfall being but three inches. Blodgett, in his work on Climatology, states that but a very low proportion of the residents of California are subject to consumption. The California and Mexican Indians one meets in the southern portions of the State, who camp out the year round, are fat and muscular looking. This is notwithstanding the fact that their diet is none of the most abundant or nutritious, for they are lazy, and in California, as elsewhere, the fat of the land does not fall upon the sluggard's table.

From what I have written, it follows that climatic California, on coast, plain, upland, valley and mountain, offers, within easy traveling limits, a variety of suitable winter climates for the pulmonary invalid.

With regard to the summer, I have to give you, at present, information in place of observation :—

Mr. Ben. Trueman, editor of the Los Angeles *Star*, in his work, entitled, "Semi-Tropical California," says :—"From May to October, inclusive, the thermometer in Los Angeles seldom rises above 90°; and that this heat is tempered by cooling winds from the ocean, between meridian and sunset, and by breezes from the mountain gaps during the night."

Another writer states that he slept under blankets, in this region, the summer through, and was never troubled by a mosquito."

Meat hung out in the open air dries, but does not putrefy; and so with the carcases of animals.

Sunstroke is uncommon, even at temperatures above a hundred; and there is that elasticity and lightness of atmosphere that renders out-door work eminently bearable all summer.

The cool nights refresh from whatever fatigue the day may generate; and the absence of rain all summer robs camping-out of its chief unpleasantness. The only flaw in the summer climate seems to be the amount of dust collected on the roads, in the long, dry season. A ride through pulverized dirt is not advantageous, even to lungs the most robust.

Still, if the patient's purse will afford it, it is not far, in summer, to those most delightful and healthful resorts—the big trees of Calaveras, the Yo-semite valley, the camping grounds of Mount Diablo, the shores of Lake Tahoe, the geysers of Napa, or the trout streams and forests of Northern California.

What I have seen of California convinces me that many of its counties are convalescing wards in Nature's great hospital, wherein, in never-failing fullness, are light, and warmth, and delicious purity of air.

The Abortive Treatment of the Cold Stage of Intermittent Fever by the Nitrite of Amyl.

ED. MED. AND SURG. REPORTER :—

Since the publication of my communication to the *Medical Times*, July 31st, 1875, on "The Nitrite of Amyl in Hysterical Convulsions, The Cold Stage of Intermittents, and Chloroform-Narcosis," I have had the opportunity of using and watching the effects of this remedy, as an abortive treatment in the cold stage of intermittents, with success. I propose to give to your readers my experience of this remedy, by reporting some cases of chronic chills.

CASE 1.—Was called to see Maggie C., Irish girl, aged 23, August 20th, 1875. This patient was suffering with malarial cachexia, as she had contracted the chills in July, 1874, and had them, with intermissions of two or three weeks at a time, up to the time I saw her. I found her with the sixth distinct paroxysm or chill the same day, subintrant in form (when the second chill begins before the first is terminated); with suppression of the menses for some months; œdema of the feet

and legs; dry skin, with its papillæ projecting, giving that appearance called goose-skin. The face and extremities of a bluish tint, with a small, feeble, frequent and irregular pulse, showing great embarrassment of the arterial circulation, great anxiety, marked oppression, intense thirst, the tongue dry and bluish, with fits of vomiting. I gave her, by inhalation, ten drops of the nitrite of amyl; in a few seconds it caused flushing of the face, great arterial excitement, and complete reaction took place in twenty minutes, and the chills of a subintrant form were aborted. Before complete reaction took place, I gave thirty grains of quiniæ sulph., and repeated the same dose in ten hours, which broke up the chills. With good food, cod-liver oil, quinine and iron, continued for six weeks, the patient recovered, without a relapse.

Case 2.—Was called to see a young man from Delaware, October the 25th, 1875, with tertian varieties; had the chills for three months; found him with a violent chill; vomiting green bile; feeble, frequent and irregular pulse; great thirst; spasm of the abdominal muscles, which caused him to cry out with pain. I gave him the nitrite of amyl by inhalation, eight drops, which checked the vomiting, relieved the spasm of the abdominal muscles, and aborted the chill in fifteen minutes. I gave him immediately twenty-five grains of quinia sulphate, which he retained, and repeated the same dose in eight hours, which broke up his chills, and by the daily use of quinine and iron for four weeks he was cured without a relapse.

Case 3.—Was called to see Annie C., aged 22, German, January 6th, 1876; contracted the chills while living in Camden, N. J., in the spring of 1875; was a complete case of malarial cachexia, with œdema of the feet and legs; puffiness of the face and eyelids; urine albuminous, with a suppression of the menstrual flux. I found her with a chill, bordering on the algid type; violent shivering; the tongue icy cold; the skin when pinched up retained its fold, as it does in the algid stage of cholera morbus; thirst intense; extreme anxiety, with a cadaveric expression of face; the pulse extremely feeble. It looked like a hopeless case; I had placed along the body and legs hot bricks, with sinapisms to the extremities and along the spine; gave her, by inhalation, ten drops of the nitrite of amyl; the second dose of ten drops was repeated in five minutes, which caused flushing of the face; and reaction was complete in fifteen minutes. I gave her twenty-five grains of quinia sulphate at one dose, and ordered thirty grains to be given in ten hours, which broke up the chills. As this patient was suffering from malarial cachexia, I ordered her quinine and iron, extract of malt, cod-liver oil, with good food, eggs, beef, milk, oysters, butter. After the lapse of eight weeks she had completely recovered, and is to-day a stout, healthy young woman.

Remarks.—In the cold stage of intermittent fever the flow of arterial blood to the skin and extremities is impeded, the skin looks pale, and as the blood is driven back into the veins and capillaries, the ends of the fingers, toes, and lips look blue, with complete anæmia of the skin, which has a waxy appearance, the fingers and toes have no feeling, and do not bleed if wounded. During the cold stage the temperature is above normal, although the patient is trembling violently with the feeling of intense cold. The thermometer placed under the axilla will mark 101°, 102°, and even rise to 106°, as it did in Case 3. The nitrite of amyl, when inhaled, acts on the heart and circulation, by producing violent action of the heart, throbbing of the carotids, with dilatation of the capillaries, thereby driving the blood through the capillaries to the contracted peripheral blood-vessels of the skin, and aborting the chill, which we try to do by stimulants and the application of heat, and sinapisms to the extremities. In the pernicious intermittents of the South and West, where the patients, the system being overwhelmed with the malarial poison, often die in the first chill, I would suggest that this potent remedy should be tried as a means of bringing about a speedy reaction when all others have failed.

I have given the sulphate of quinia in decided doses, for the reason that I have found that patients suffering a long time from malarial poison are not so susceptible to the influence of the quinia as persons in health, or patients with their first attack. My object is to make an impression on the system at once, and also I give it for its antipyretic effect, to bring down the temperature; so by giving the quinia from twenty-five to thirty-five grains at one dose, you bring your patient at once under the influence of the drug, and also you get the antipyretic effect of the drug. On visiting my patients next day, I found them with temperature and pulse normal; skin and tongue moist, with profound cinchonism, and feeling comfortable; and in not one case reported did any one of them have another chill or a relapse, as I kept them under the influence of the quinia from seven to fourteen days—that is to cinchonism.

Rufus K. Hinton, M. D.

1406 *South Eighth street, Philadelphia.*

Ignorance of Pregnancy.

Ed. Med. and Surg. Reporter:—

Noticing in the Reporter for 24th of March last, a communication from Dr. Butler, headed, "Can a woman carry a child to full time, and not be aware that she is pregnant?" I answer, I believe she can, and as one of the reasons for my belief, I will give the history of a case that occurred in my practice.

August 1, 1867, Mrs. C., a married lady, and the mother of three children, consulted me, stating that she had last menstruated about the last of January, and had seemed to be gradually declining since that time, although not sick enough to be in bed. Yet some part of the time, and particularly for the two or three

weeks just past, she could not be up more than half of the day; perhaps in the morning she would feel quite well, and go about her household duties until 9 or 10 o'clock in the forenoon, when she would become so weak and faint that she would be obliged to lie down for two or three hours, when she could again get up, eat a moderately hearty meal, and be about the house again for two or three hours, when she would have to retire.

On examining my patient, I found the skin somewhat sallow; temperature and moisture natural; breasts not enlarged, and the areola about the nipples not discernible; tongue clean, with some little enlargement of the papilla. Pulse 70. Appetite rather poor; bowels constipated.

I stated to her that I thought it quite likely that her troubles arose from pregnancy, but she insisted that it could not be; for if that were the cause, it must have existed for over five months, and she had felt no motion. There was no enlargement of the abdomen, neither did she feel, in any way, as she had in former pregnancies. Having very fastidious notions of propriety, she refused to submit to a more thorough examination, and I dismissed her, giving her elix., strych., pep., and bis., with iron, in conjunction with an aperient.

Returning in about two weeks, she reported but little benefit derived from the treatment, and insisted that I should give her medicines that would bring on the menses; that she was confident that she was not pregnant, as there was yet no enlargement of the abdomen, nor had she felt the least motion of a child, but on the contrary, she was becoming very much afraid, if she did not get her monthly periods re-established, that she would become dropsical, as the only position she could assume in bed, with comfort, was upon her back; that whenever she lay upon either side, she was constantly distressed by the sensation of water dropping from the upper into the lower side. I again dismissed her, with but little change in treatment.

On the 5th of October following her husband came to me, stating that his wife and all the friends were very much alarmed about her condition, and that they were all satisfied that I must be mistaken in my opinion as to the cause of her troubles, and wished me to visit her. This I refused to do unless she would consent to my bringing another physician with me, and would submit to whatever examination we might deem necessary. On getting her assent to these demands, I called to my assistance Dr. F. S. Dodds, of Anna, Ill.

On visiting our patient we found the general appearance about as before described. The abdomen presented but very little appearance of distention or enlargement; the walls were not tense, but the cavity evidently contained a comparatively solid body, extending from the pubic bones above the umbilicus. A vaginal examination revealed the neck of the uterus obliterated, the os dilated to the size of a silver dime, readily admitting the tip of the finger until it met the tense membranes, through which could easily be felt the firm bony resistance of the head of a child, of which she was safely delivered, in the natural way, on the 30th day of October, 1867, making a speedy recovery. The child was a fine, healthy boy, weighing over ten pounds, and is yet living and in good health. I am confident that the mother's statements are entitled to full credence, for there was no motive for concealment, neither was there any reason why she should misrepresent her true feelings.

Cobden, Ill. B. F. Ross, M. D.

Puerperal Convulsions.

Ed. Med. and Surg. Reporter:—

In the Medical and Surgical Reporter of April 7th, 1877, Dr. Mattison asked, "What caused the convulsions in the mother?"

Dr. Loomis says, in a very similar case, careful post mortem failed to reveal the cause.

In both cases convulsions were caused by paralysis of vaso-motors, induced by labor resulting in stasis of the blood current in the brain.

Had Dr. Loomis made horizontal slices of the brain he would have found the puncta larger and darker than in health. Either case would have been relieved by a two-drachm dose fl. ext. ergot. George Sumrall, M. D.

Wintering at the Seaside.

Ed. Med. and Surg. Reporter.

The delightful and health-invigorating effect of the cool sea breezes allure great numbers to our watering places during the summer months, but comparatively few have been led to seek these resorts in the winter season.

The fact seems to be established that great benefit may reasonably be expected by invalids making a winter sojourn at the seaside, and that in many cases entire relief may be obtained. Theory and fact are here in unison. The isothermal gauge must necessarily be more equal on the sea coast than inland. The waters of the ocean change their temperature less suddenly and less frequently than do the mountains. Consequently the breezes that sweep over them are more uniform in their degree of heat and cold, and never reach so high an extreme in either direction. The sudden changes of atmosphere common to all places remote from the sea shore are active agents, both in superinducing disease and in aggravating diseases which already exist. The most healthful localities known are those in which the atmospheric temperature is least variable, and hence many eminent physicians, convinced beforehand of the propriety of such a course, have adopted the practice of sending patients to the sea shore as well in the winter as in the summer months.

The results thus far have so fully equaled ex-

pectations as to justify the experiment. Now, if a sojourn at the seaside be good for those who are out of health, it must, by parity of reasoning, be good for those who wish to preserve their health. Hence, it is plainly the part of wisdom for all those whose occupations and means will permit to spend some portion of the winter months within sound of the "breakers." The hotel proprieters are waking up to this new demand of the "invalid brigade," and many already keep their houses open the year round.

At Sea Grove, Cape May Point, New Jersey, one of the most delightful places of resort, fine accommodations were furnished all winter. The same thing was done at Cape May and Atlantic City. We may, therefore, confidently expect that the number seeking these resorts will be greatly increased, and that ample winter accommodations will be provided for all.

J. F. Bird, M. D.

Sea Grove, N. J., April 14th, 1877.

The Niggard Outwitted.

Ed. Med. and Surg. Reporter:—

The following true little story, done into rhyme, may amuse some of your readers, who, doubtless, have suffered more or less from "the withholding of that which is due."

A London doctor, bold and nice,
Who knew the value of "advice,"
And charged five guineas as his fee,
Was called, a niggard lord to see.
Into his chaise the doctor flung,
Arrived, felt pulse, and looked at tongue,
Hum'd, and prescribed.

The visit ended,
His lordship then his hand extended:
The man of physic, all alive,
Could *feel* three guineas were not five,
So quickly dropped them on the floor;
A simple accident—no more!
The guineas soon his lordship sees,
Returns them, too, with graceful ease;
But still, the doctor on his knees,
Searches the carpet o'er and o'er.
His lordship, standing stiff and tall,
Cries: "Doctor, sure you have them all?"
Quoth he: "Why no; as I'm alive
I have but three, and there were five!"
My lord submitted to his fate,
And made the three, five guineas, straight.

R. H. G. Osborne, M. D.

Bedford, Pa., February 23d, 1877.

News and Miscellany.

Correction.

The heading of Dr. Porter's article, No. 1050, should have read G. E. Porter, M.D., of Lonaconing, Md.

Death from Nitrous Oxide.

The following case is reported in the *Medical Times and Gazette*, of April 7th. As it is of considerable importance, on account of the extended use of the anæsthetic, we quote it in full:—

An inquest was held last week, at Manchester, on the body of Mr. George Morley Harrison, aged fifty-three, a surgeon in good practice, and formerly lecturer on Medical Jurisprudence at the Manchester Royal School of Medicine, who died whilst under the influence of nitrous oxide gas, administered at his own request previous to having a tooth extracted by a neighboring dentist. Mr. Harrison, it appears, being unnerved and excited, partly from the suffering he had undergone, and partly owing to the want of proper food, which the condition of his mouth had prevented him from taking, insisted on the inhalation being pushed until he should snore, and—for, at any rate, part of the time—held the mouthpiece in his own hand, and inspired very vigorously. The first attempt at extraction was made before he was fully insensible, and was abandoned until more of the gas had been given. Eventually, however, two teeth were removed. The patient did not appear to be coming round properly after the operation, and the dentist, taking alarm, sent for medical assistance. On the arrival of a surgeon, Mr. Harrison was pronounced to be quite dead. At the post-mortem examination there was found some fat about the heart; the cavities on the right side were distended with blood, while those on the left side were empty. The lungs on both sides were gorged with dark blood. All the other organs were healthy.

The jury came to the conclusion that the deceased "died from syncope, during the administration of nitrous oxide gas for the extraction of teeth, whilst laboring under fatty degeneration of the heart."

A Reputed Centenarian.

Captain Lahrbush, a well-known inhabitant of New York, died April 2d, at the reputed age of 111. According to his own story, he was born in 1766; entered the British army in 1789; served with the Duke of York, with Cornwallis, with Nelson, and with Wellington; witnessed the interview between Napoleon and Alexander, which led to the peace of Tilsit in 1807, and finally, after a service of twenty-nine years, sold out his captain's commission in the Sixtieth Rifles in 1818. Unfortunately the records of the London war office are open to inspection, and from these it appears that the commission of Ensign Lahrbush in the Sixtieth Rifles bears the date of 1809—just twenty years later than he put it—and in the army list of 1829 the name of Lieutenant Lahrbush, of the Sixtieth, appears under the head of "cashiered."

The Medical Department, U. S. A.

By direction of the Secretary of War, the following changes in the stations and duties of officers of the Medical Department have been made:—Surgeon Alfred A. Woodhull relieved from duty in the Department of the South, and ordered to report to the commanding general of the military division of the Pacific, for as-

signment to duty in the Department of California. Assistant Surgeon Calvin Dewitt is relieved from duty in the Department of the South, and ordered to Philadelphia, to report by letter, upon his arrival there, to the Surgeon General. Assistant Surgeon, R. V. De Hanne and Ezra Woodruff have been relieved from duty with Military Division of the Atlantic, and ordered to report for duty to the Commanding General Department of Texas. Assistant Surgeon Alfred C. Girard has been ordered to report in person to the Commanding General Department of Dakota, for assignment to duty. Assistant Surgeon William H. Keny has been relieved from duty in the department of the South, and ordered to report to the Commanding General Department of Dakota.

An Excellent Example.

The County Medical Association of Madison county, Iowa, having resolved not to bid individually for the pauper practice of the county, made an appeal to the Supervisors to make the Society an offer to attend the county poor. This was done, and the offer accepted. The labor is equitably arranged among the members, and the proceeds paid into the treasury of the society, to be expended for books, etc., as shall be decided by vote.

Personal.

—Dr. Wm. B. Atkinson has been appointed, by the faculty of the Jefferson Medical College, lecturer on diseases of children, in the Summer Association of the College.

—Passed Assistant Surgeon H. C. Eckstein has been ordered to the Naval Asylum in this city.

—H. W. Post, M. D., has recently been appointed resident physician of the city hospital, Hartford, Conn.

—Dr. R. H. Green, of Hoosick, N. Y., was thought to be dead, and his body was placed in a vault about two weeks ago. As he narrowly escaped burial while in a trance several years ago, his wife was requested to visit his body until no doubt of death existed. Signs of life were noticed after ten days, and the body was removed from the vault.

Obituary Notes.

—Dr. S. L. F. Simpson, of Concord, N. H., died March 17th, having been confined to the house but a few days by rheumatism, so that his death was wholly unexpected. A post-mortem examination showed the cause of death to have been apoplexy of the lungs.

—Dr. Henry Crouse, until recently one of the most prominent physicians of Syracuse, New York, committed suicide April 20th, while temporarily insane, by throwing himself from a second-story window at the University Hospital in this city, where he had been under treatment. Dr. Crouse was a graduate of the University of Pennsylvania, and was fifty-four years old. He resided in Syracuse for many years, where he held a position in the front rank of his profession. He was in charge of St. Joseph's Hospital in that city until about eight months ago, when he was thrown from his carriage and severely injured in the head. Since then he has been subject to epileptic fits, and came to this city for treatment.

—Dr. N. H. Cary, father of Miss Annie Louise Cary, died in Durham, Maine, at the age of 70 years. He was a physician in active practice in Wayne, Durham and Gorham, until he began to be afflicted with cancer in the cheek, since when he has lived in Saccarappa and Durham.

—Dr. Joseph W. Freer, a distinguished Chicago physician, and for a long time president of the Rush Medical College, of that city, died on Friday, aged 61 years.

Items.

—A meeting of the Provisional Association of American Medical Colleges will be held at the Palmer House, Chicago, on Saturday, June 2d, 1877, at 10 o'clock, A. M. All colleges represented at the meeting of the Association held June, 1876, are invited to send delegates to the ensuing meeting, and all chartered medical colleges in the United States recognized as "regular" by the colleges already represented in this Association, are also invited to send delegates from their Faculties to the said meeting. J. B. Biddle, M.D., *President.*

—The Medico-Chirurgical Society of Eastern Ohio met April 5th, and elected the following officers for the ensuing year: President, C. E. Kurz; Vice-president, L. O. Edwards; Secretary, S. T. Satterthwaite; Treasurer, W. S. Fisher. A motion that the Society meet in Bellaire each alternate month was carried. The next regular meeting will be held in St. Clairsville, in May.

—A Roman society for the defense of family principles has just awarded the civil crown to a lady named Mme. Bouilett, who has given birth to her thirty-sixth child.

—The State Board of Health of Wisconsin have prepared a circular on scarlet fever and diphtheria, for general distribution in the State.

QUERIES AND REPLIES.

Nemo.—You should place yourself under the charge of a respectable regular physician. We do not give advice through this journal.

Beta.—Bernard & Huett's *Operative Surgery* will be complete in eight or ten parts. For price, etc., apply for descriptive catalogue, at this office.

Mr. Editor:—Will some of the readers of the Reporter give a treatment for obstinate pityriasis? I have exhausted all the usual recommendations in vain. The case has continued nearly nine years, and covers nearly the entire body.

Iowa. Yours, J. A. P.